



# Superior Court of Cobb County Mental Health Treatment Court

## **PARTICIPANT REQUEST FOR CHANGE OF RESIDENCE**

Participant's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Present Residence \_\_\_\_\_

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Phone)

New Residence: \_\_\_\_\_  
(Address)

Type of Housing: ☐ House ☐ Apartment ☐ Motel ☐ Mobile Home ☐ Care Home ☐  
Condo ☐ Townhouse

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Phone)

Reason for Change: \_\_\_\_\_

Requested Date of change: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date \_\_\_\_\_

**(To Be Completed By the Judge)**

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

If no, reason: \_\_\_\_\_

Judge Mary E. Staley \_\_\_\_\_ Date \_\_\_\_\_